



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



DEPARTMENT OF CORRECTIONS

Vicente Taman Seman Building
P.O. Box 506506, Saipan, MP 96950
Telephone: (670) 664-9061 Facsimile: (670) 664-9515

Part	Section	Subject	Policy No.	Review Date
Institutional Services	Health Care	Inmates/Detainees Medical Records	4.5.5	
ACA Standards	3-ALDF-4E-19 Health Trained Do Initial Health Screening on all Inmates (M); 3-ALDF-4E-20 Intrasystem Transfers Receive Health Screening (M); 3-ALDF-4E-30 Inmate Transfer Where Health Care is Available; 3-ALDF-4E-31 Inmate or Records are Evaluated to Access Suitability for Travel; 3-ALDF-4E-46 Health Record File; 3-ALDF-4E-47 Confidentiality of Health Record; 3-ALDF-4E-48 Transfer of Health Record			
Consent Decree	Paragraph 54 Develop Facility Policies and Procedures			

I. PURPOSE

To describe the procedures required for establishing and maintaining inmates/detainees medical records in the Department of Corrections (DOC).

II. POLICY

It is the policy of the DOC to maintain complete medical records for each inmate/detainee so as to facilitate proper medical care at all times.

III. PROCEDURES**A. Medical Records**

1. The DOC health services personnel will ensure a medical file is created and maintained for each inmate/detainee to accurately document all health care services provided throughout confinement.
2. Only the Doctor will share with the Commissioner of Corrections and other staff relevant information regarding the medical management of pertinent cases, such as the identity of HIV-Positive inmates/detainees and any security-or program-related information.
3. Only qualified medical personnel will collect and record health history, vital signs, and other health appraisal data onto the approved medical records forms.
4. Inmates/detainees will not enter or file information in any medical file.

B. File Security and Retention

1. **All inmates/detainees medical records will be considered confidential.** Access will be controlled by the medical staff under procedures devised by the DOC Doctor.
2. Routine access to medical records will be limited to those medical staff that requires records for supplying clinical services to the inmates/detainees to those staff performing an investigation of the Department of Corrections (DOC) with the concurrence of the DOC Doctor and the Commissioner of Corrections.
3. Medical records will be released to other persons, including private physicians, only with the inmates/detainees written authorization. A Non-Corrections physician treating inmates/detainees will have access of the inmates/detainees medical records when the DOC physicians believes information contained therein may be relevant to the inmates/detainees health.
4. Requests by an authorized agency or third party for inmate/detainee medical records maintained by the department must be made in writing, and disclosure will be with the concurrence of the DOC Doctor and Commissioner of Corrections.
5. Medical records will be maintained in accordance with the department's rules relating to security and privacy restrictions and will be retained with the central file after an inmates/detainees release for a period of time sufficient to allow for treatment continuity.

B. File Initiation

1. The medical record will be initiated when an inmate/detainee is first committed to the DOC with the use of the Initial Health Screening Form approved by the DOC Doctor. The screening form will document the following information, at a minimum:
 - a. Current illness and health problems as prescribed by the inmates/detainees or the committing officer
 - b. Dental problems
 - c. Mental health problems or history and medical status
 - d. History of substance abuse
 - e. History of suicide
 - f. Possibility of pregnancy
 - g. Observations of behavior, body deformities, ease of movement, injuries, etc.
 - h. Skin condition, trauma, scars, tattoos, vermin, etc.
 - i. Other apparent medical or mental health problems

- j. Disposition of the case, whether to general population with no problems, general population with referral for medical follow-up, special housing, or emergency treatment.
2. Incoming transfer cases from other facilities that have records from comparable medical screening and examination programs will receive an abbreviated screening that entails review of the following:
 - a. Any health care treatment in progress
 - b. Any medical currently being taken
 - c. Any current health care complaints or problems
 - d. Observation of general appearance and behavior
 - e. Physical deformities, injury, or trauma
3. The screening form will be immediately forwarded to the Medical Section, and a file folder will be created that contains the form and other medical information.

C. Clinical Records

1. In addition to the screening form, clinical records will maintained to document the following:
 - a. A record of all contacts with health care staff, sign and dated by the respective staff members
 - b. Health history records gathered from the inmates/detainees and forwarded from other locations
 - c. Progress notes and treatment and nursing plans, as well as findings and diagnoses
 - d. Prescribed medications, diets, and other courses of treatment
 - e. Laboratory tests, x-rays, and other diagnostic procedures
 - f. Consent, refusal, x-rays, and release of other information forms
 - g. Discharge summaries from any hospitalization and other termination summaries
 - h. Available medical records from other prior incarcerations
 - i. Health service progress reports and consultations, including dental and psychiatric consults and discharge summaries
 - j. A record of each sick call contact

D. File Organization

1. The medical records will maintain an adequate system of record identification and filing to ensure rapid access to each inmate's/detainee's medical record.
2. The medical file will be organized using multiple-section file folder, with a separate section for each category of record established in accord with guidelines

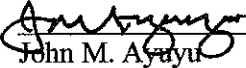
set by the health department. Each inmates/detainees contact will be recorded in the appropriate section of the medical record.

3. Following each contact between the inmate/detainee and a physician, the file will be so annotated; when the inmate's/detainee's contact is with a non-physician, the DOC Doctor or designee will review the results of the contact and co-sign the entry in the record. Each medical file entry will be written in ink or typed and signed by the appropriate health care staff.
4. All active medical records will be maintained separately from the confinement record or central file. The DOC will provide adequate space and equipment for storing all medical records save from fire and water damage and secure from unauthorized use.
5. Medical records will be removed from the Medical Section only when the inmate/detainee is released, transferred to the community health care provider, or transferred to another facility. All medical records on deceased or released inmates/detainees will be forwarded to the Records Section and incorporated into the central file for storage, archiving, and disposition in accord with Policy 1.5.1 Inmate/Detainee Records Management.
6. With the inmate's/detainee's consent, the DOC staff will provide health care information to community agencies and resources at the time of the inmate's/detainee's release.

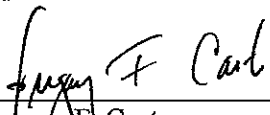
E. Transfer Cases

1. Whenever an inmate/detainee is transferred to another detention, correctional or health care facility, a summary or copy of the medical record will accompany the inmate/detainee.
2. Institutional security or records personnel will notify the medical staff at least twenty-four (24) hours before a routine transfer whenever possible. Any portion of the medical record that is unavoidably not available at the time of transfer will be forwarded to the facility within seventy-two (72) hours by express mail.
3. The following information will accompany all inmates/detainees being transferred:
 - a. Medications need during transit (along with a reasonable supply of that medication)
 - b. Special medical problems or treatment needs, such as for diabetes or epilepsy
 - c. Psychiatric problems, especially suicidal tendencies
 - d. Handicaps that may require special procedures during transportation

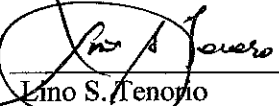
4. Health care staff should cooperate with security personnel in determining conditions of transportation and necessary security precautions when an inmate/detainee needs to be transported to another facility or clinic.
5. Health record information is transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate/detainee or as provided by law.

Prepared By: 
John M. Ayaya
Deputy Director of Corrections

10-24-07
Date

Reviewed By: 
Gregory F. Castro
Director of Corrections

10/24/07
Date

Approved By: 
Lino S. Tenorio
Commissioner of Corrections

10/31/07
Date